

THE CLEVELAND MUSEUM OF ART, May 1 to June 9, 1946

The Entrant agrees to maintain the price designated below for six months after closing date of exhibition.

Artist EARL F. LUCAS (Please print plainly)

Telephone No. AT. 1180 Address 6216 WAKEFIELD AVE

Zone No. _____

Please Enclose Registration Fee of \$1.00 (Check or Money Order) With Entry Blank

[illegible]

Entry blanks must be filled out and returned to the Museum on or before April 2, those postmarked later than April 2 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 6 to April 13 (except Sunday).

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